(703) 205-8000

August 9, 2006

PTO/SB/17 (01-06)
Approved for use through 7/31/2006. OMB 0651-0032

Under the Paperwork Redu	ction Act of 1995	, no person are r	attored to	.ں respond to a	S. Paten collection	nt and Trade on of informa	mark Office; U.S ation unless it dis	splays a valid OME	3 control number	
Fees pursuant to the Consolidated Appropriation Act and A.R. 4818). FEE TRANSMITTAL For FY 2006				Complete if Known						
				Application Number			09/890,425-Conf. #001812			
				Filing Date			February 19, 2002			
				First Named Inventor			Harold G. BROWN			
				Examiner Name			F. C. Prats			
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit 16			1651	1651		
TOTAL AMOUNT OF PAYMENT (\$) 760.00				Attorney Docket No. 2059			2059-0103	Р		
METHOD OF PAYMEN	T (check all th	nat apply)								
X Check Credit Card Money Order None Other (please identify):										
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch									LLP	
For the above-iden	tified deposit a	ccount, the D	irector is	hereby a	uthorize	ed to: (che	eck all that ap	ply)		
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing										
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17										
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)										
1. BASIC FILING, SEARCI	H, AND EXAM	INATION FEI	ES							
		G FEES	SE	ARCH FE		EXAM	NATION FE			
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$		Entity (\$)	Fee (\$)	Small Ent Fee (\$)	<u>ity</u> Fees l	Paid (\$)	
Utility	300	150	500		50	200	100			
Design	200	100	100		50	130	65			
Plant	200	100	300		50	160	80			
Reissue	300	150	500		50	600	300			
Provisional	200	100	0	_,	0	0	0	· · · · · · · · · · · · · · · · · · ·		
2. EXCESS CLAIM FEES	200		ŭ		•	· ·			Small Entity	
Fee Description								<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (includ	ling Reissues)							50	25	
Each independent claim over 3 (including Reissues)								200	100	
Multiple dependent claims								360	180	
Total Claims				aid (\$) Multiple Depende				endent Claims	•	
-=	x	<u> </u>			_	E	ee (\$)	Fee Paid (<u>\$)</u>	
HP = highest number of total cla	ims paid for, if gre	eater than 20.				_				
Indep. Claims Extra	Claims Fo	ee (\$) =	Fee F	Paid (\$)	_					
HP = highest number of indeper			n 3.		-					
3. APPLICATION SIZE FEI			_							
If the specification and dr	-				-	•	-	•	٥	
listings under 37 CFR sheets or fraction there	, , , ,				•	ioi siliali	cillity) for eac	auditional 3	U	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)) Fee	Fee Paid (\$)	
- 100 = /50 (round up to a whole number) x								=		
4. OTHER FEE(S)								Fees	Paid_(\$)	
Non-English Specificati	ion, \$130 fee	(no small en	tity disc	ount)						
Other (e.g., late filing surcharge): 2401 Notice of appeal								25	250.00	
1253 Extension for response within third month								51	510.00	

4-62-51-4

Registration No. (Attorney/Agent)

32,181

Telephone

Date

SUBMITTED BY

Name (Print/Type)

Marc S. Weiner

Signature